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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number 09/864,438

Filing Date May 24, 2001

First Named Inventor Sam Alexander et al.

Group Art Unit 2167

Examiner Name

Attorney Docket Number DN 1431

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JAN	Z	Z	ZŪ	U,	

To: Assistant Commissioner for Patents Washington, DC 20231

Technology Cen er 2100

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The Petitioners client has failed to pay bills rendered by the Practitioner for an unreasonable period of time pursuant to37 CFR 10.40

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Firm or Individual Name	Э	Sam Alexander, President					1201 S. SAMPS Q. UE.			
Address		Inresco Portfolios, Ltd.	l/b/a	BHIF Group	1					
Address		393 Hanover Center Road								
City		Etna	State	NH	ZIP	03750				
Country		IISA								
Telephone		800-643-0301	Fax	603-643-0404						
This request is enclos	ed in trip	nlicate.								
Name	Anere:	l W. Lewis Jr.								
Signature	(mu	elle. Leuns					:			
Date	Nove	mber 26, 2001								
NOTE: Withdrawal is	effective	when approved rather than when received	1.				• • •			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.